

Provider Inspection Summary
For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: LANDMARK (THE) (0009531)
Address: 310 OCONTO AVENUE, PESHTIGO, WI 54157
License Status: REGULAR
Licensed/Certified/Registered 08/01/2002
Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0093515 **End Date:** 10/18/2004 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0093163 **End Date:** 07/12/2004 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009319 Served 08/20/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	10/18/2004	Yes
83.15(1)(a)	STAFFING PATTERNS	10/18/2004	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	10/18/2004	Yes
83.32(1)(a)	ASSESSMENT AND ISP	10/18/2004	Yes
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE	10/18/2004	Yes
83.33(2)(a)	SUPERVISION	10/18/2004	Yes
83.33(3)(e)3.d	PROVIDE INSTRUCTION TO STAFF	10/18/2004	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 08/18/2004 SOD #10009319 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
PROVIDE TRAINING
FORFEITURE---83.15(1)(a)
FORFEITURE---83.21(4)(p)
FORFEITURE---83.32(2)(a)
FORFEITURE---83.33(2)(a)
FORFEITURE---83.33(3)(e)3.d.

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Complaint History

Date Complaint Received: 05/11/2004

Date Investigation Completed: 07/12/2004

Subject Area(s)
STAFF ADEQUACY

Result
SUBSTANTIATED

SOD #
10009319

Date Complaint Received: 03/25/2004

Date Investigation Completed: 07/12/2004

Subject Area(s)
HOMELIKE ENVIRONMENT & CLEANLINESS
MEDICATIONS
ADMISSION, TRANSFER & DISCHARGE
STAFF ADEQUACY
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

10009319
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